

REQUEST FOR LEGAL ACTION

[illegible]

* PER LAST STATEMENT OF ACCOUNT, LESS PAYMENTS.

* IF INCREASE OR AFTER-ACQUIRED PROPERTY, INDICATED BY "T" OR "A" RESPECTIVELY.

7. (Cont.)

B. Converted Property (Covered in More Detail on Form FmHA 455-2):

Quantity	Description*	Date of Mortgage

C. Property Unaccounted For:

Quantity	Description *	Date of Mortgage	Estimated Value	Action Taken to Determine Disposition of the Property
			\$	

8. All Assets (Other Than Household Effects and Real Estate) Owned by the Borrower and not Covered by the Government's Liens—Include Livestock, Tractors, Equipment, Automobiles, Trucks, Bank Accounts, Bonds, Etc. (Attach Sheet If Needed)	Date Information Obtained
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Quantity	Description	Current Market Value	If Subject to Lien		
			Unpaid Balance	Final Due Date	Lienholder and Address
		\$	\$		

9. Real Property Owned by Borrower, Both Rural and Urban. Designate Homestead by "H".

Quantity	Description	Current Market Value	If Subject to Lien		
			Unpaid Balance	Final Due Date	Lienholder and Address
		\$			

* INCREASE OR AFTER-ACQUIRED PROPERTY, INDICATE BY "I" OR "A" RESPECTIVELY.

10. Age of Borrower		Health of Borrower		Marital Status	
Age of Dependents		Health of Dependents		Number in Family at Home	
11. If Farming: <input type="checkbox"/> Owner <input type="checkbox"/> Renter <input type="checkbox"/> Sharecropper					Number of Acres in Farm
12. Off-Farm Employment:	Occupation	Name and Address of Employer			
13. Estimated Income	Livestock and Livestock Products \$	Crop Income \$	Other Farm Income \$	Off-Farm Income \$	Total \$
14. Estimated Expenses:	Family Living \$	Farm Operating \$			
15. If the Borrower Owes Farmers Home Administration Any Accounts on Which Action is Not Recommended by This Form, List and Indicate Servicing Action to be Taken.					

16. Is Borrower in Military of United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		If "Yes," Give (Serial No.)	(Military Unit)
17. Additional Facts and Justification For Action Recommended			

18. _____

County Supervisor

Post-Office Address (Include ZIP Code)

19. State Office Comments and Recommendations

20. _____ Signed _____
(Date)

21. List Enclosures (*When Foreclosure Action is Recommended, Attach Appropriate Lien Search Reports*)